

## CLAIMS ONLY

Application Number

**Filing Date**

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3						
4		/				
5		/				
6		/				
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44		/				
45		/				
46	/					
47		/				
48	/					
49	/					
50	/					
Total Indep	5					
Total Depend	28					
Total Claims	33					

may be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51		/				
52		/				
53		/				
54		/				
55		/				
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Total Indep						
Total Depend						
Total Claims						